

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <b>09/707590</b>	Filing Date					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
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49							99					
50							100					
Total Indep							Total Indep	3				
Total Depend							Total Depend	3				
Total Claims							Total Claims	8				
												7

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